



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Driver et al.

Title:

METHODS AND APPARATUS FOR DISPLAYING IMAGES

ON MIXED MONITOR

DISPLAYS

Appl. No.:

Filing Date:

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING

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I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to the date indicated below and is Addressed to Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

EV 227049294 US

9/26/03 (Date of Deposit)

Chris Escavaille

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility Sir:

patent application of:

Tushad P. Driver 7139 Orchard Lane Hanover Park, Illinois 60133

Muthu V. Muthuraj 10000 65th Street Kenosha, Wisconsin 53142

Neil D. D'Souza 514 N. Emerson Street Mt. Prospect, Illinois 60056

Richard W.I. Yarger 2560 Bark Wood Rd. #206 Schaumburg, Illinois 60173 [] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (29 pages).
- [X] Formal drawings (7 sheets, Figures 1, 2, 3, 4, 5, 6, 7).
- [] Declaration and Power of Attorney (___ pages).
- [] Assignment of the invention to GE Medical Systems Information Technologies, Inc..
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.
- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [] Information Disclosure Statement.
- [] Form PTO/SB/08 with copies of ___ listed reference(s).
 - [X] Application Data Sheet (37 CFR 1.76).
 - [] Claim for Convention Priority.

The filing fee is calculated below:

	Claims	Included		Extra		·				
	as Filed		in		Claims		*		`	Fee
			Basic				Rate			Totals
Basic Fee			Fee		•					-
					•		\$750.00			\$750.00
Total Claims:	41	-	20	=	21	X	\$18.00	=		\$378.00
Independents:	6	. -	3.	=	3	x	\$84.00	=		\$252.00
If any Multiple Dependent Claim(s) present: + \$280.00								-=		\$0.00
Surcharge und Executed Decl	er 37 CFF laration an	R 1.1 nd la	6(e) for la	ite fi	ling of filing fee	+	\$130.00	=		\$130.00
							BTOTAL:	=		\$1510.00
	Sm	all E	Intity Fees	App	oly (subtra	ct ½	of above):	• =		\$0.00
,		١.			TOTAL	_FII	LING FEE:	=		1,510.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2401. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2401.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date _____9-26-03

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